

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

Application Number	10/826,919
Filing Date	April 16, 2004
First Named Inventor	Alexander Deiters
Examiner Name	Kagnew H. Gebreyesus
Art Unit	1656
Attorney Docket Number	54-000250US

AUG 02 2010

**FEES TRANSMITTAL  
For FY 2009** Applicant claims small entity status. See 37 CFR 1.27

TRADEMARK FEE PAYMENT AMOUNT OF PAYMENT

(\$810.00)

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify) Deposit Account  
 Deposit Account    Deposit Account Number: 50-0893    Deposit account name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES****FILING FEES****SEARCH FEES****EXAMINATION FEES**

<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	X	=		52	26	
				220	110	
				390	195	

**Multiple Dependent Claims**

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	X	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100	/ 50 =	(round up to a whole number) X	=	

**4. OTHER FEE(S)**Other: **Request for Continued Examination (RCE).**810.00

Other:

Other:

Other:

Other:

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	59,842	Telephone
Name (Print/Type)	Christina Onufryk		Date	July 28, 2010



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

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## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Executed Declaration
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> 1 Reference	<input type="checkbox"/> Power of Attorney
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Certificate of Assignee
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Executed Assignment (Not for Recordation)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Sequence Listing Statement
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Sequence Listing Paper Form
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Copy of Filing Receipt – marked-up	<input type="checkbox"/> Drawings
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Replacement/Supplemental Application Data Entry Form	<input type="checkbox"/> Letter to Official Draftsperson
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Replacement Specification – Marked-Up
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Replacement Specification – Clean Copy
<input type="checkbox"/> Copy of Notice to File Missing Parts	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Interview Summary	Remarks	
<input type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Request for Continued Examination (RCE)		
<input type="checkbox"/> Change Entity Status		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Christina Onufryk	Reg. No.	59,842
Signature			
Date	July 28, 2010		

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Barragan		
Signature		Date	July 28, 2010